

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-047635
STATE FILE NUMBERDO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 200

Primary Registration District No.

Registrar's No. 210

FILED JAN 10 1963

VS 300
Rev. 4/59

1 0610
2 0610
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4 0
5 1
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7 0
8 2
9 4201
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12 10-3
13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY MACON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY MACON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ATLANTA Lyda		c. CITY OR TOWN ATLANTA	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location)	
3. NAME OF DECEASED (Type or print) Lonnie Bruce Carter		4. DATE OF DEATH Month 12 Day 15 Year 1962	
5. SEX MALE	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8-20-1877
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and state or country) MACON CO. MO.
13a. FATHER'S NAME William Watson Carter		13b. MOTHER'S MAIDEN NAME NANCY Jane Johnson	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 3	
17. INFORMANT Ada Carter-Atlanta, Mo		14. NAME OF HUSBAND OR WIFE Ada Lyda Carter	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis		INTERVAL BETWEEN ONSET AND DEATH Median	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) None known		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 3 a.m. 3 p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION MACON
21. I attended the deceased from _____, to _____ and last saw her alive on _____ Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.		22c. DATE SIGNED 12/19/62	
22a. SIGNATURE Howard Duell, M.D. Coroner		22b. ADDRESS MACON	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 12-17-1962	23c. NAME OF CEMETERY OR CREMATORY MT TABOR	23d. LOCATION (City, town, or county) ATLANTA - MO
24. FUNERAL DIRECTOR Theo H. Goodding-Atlanta, Mo		25. DATE RECD. BY LOCAL REG. 12/20/62	26. REGISTRAR'S SIGNATURE Keith McNeely

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Theo H. Goodding

Licensed Embalmer No. 3982

P. O. Address Atlanta, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.